



Bobby Jindal  
Governor

## LIQUEFIED PETROLEUM GAS COMMISSION

DEPARTMENT OF PUBLIC SAFETY AND CORRECTION

Public Safety Services

John W. Alario  
Executive Director

### Change of Name Application

Dealer Number \_\_\_\_\_ Permit Number \_\_\_\_\_ Class \_\_\_\_\_ Permit

We are presently operating as \_\_\_\_\_  
(Current Name of Permit Holder)

#### Physical Address (No P.O. Box for Physical Address)

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Parish \_\_\_\_\_

Telephone No. : ( \_\_\_\_\_ ) \_\_\_\_\_

#### Mailing Address (If different from Physical Address/where ALL correspondence is to be sent)

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Parish \_\_\_\_\_

and respectfully petition the Liquefied Petroleum Gas Commission for a Change of Name to:

\_\_\_\_\_  
(New Name of Operation)

In the event of a corporation, it will be necessary to supply a certificate to the fact that the new corporation name has been approved by the Secretary of State, of the State of Louisiana. We are enclosing, herewith, endorsement certificate of insurance showing the new name of our company. We are listing the name of the officers and directors, if any, of our company and their titles, and also, a list of the stockholders, if any. This Change of Name is hereby signed by officers of this company. This application must be filed twenty (20) days for LPG and thirty (30) days for Ammonia before the regular monthly meeting of the Commission. Applicant or authorized representative must be present when application is considered by the Commission. We are enclosing the required filing fee of twenty-five dollars (\$25.00 and the required ten dollars (\$10.00) to transfer each employee's card of competency. We are also including, herewith, an inventory of all our equipment, trucks, bulk plants and location of any and all branches of same.

#### FOR OFFICIAL USE ONLY

Date approved: \_\_\_\_\_

Sketch finalized: \_\_\_\_\_

Insurance: \_\_\_\_\_ Expires \_\_\_\_\_

Have tests been given and cards issued? Y N

Date Mailed: \_\_\_\_\_

Signed by: \_\_\_\_\_

(Owner or President of Corporation)

\_\_\_\_\_  
(Secretary)